



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application )  
 No. 09/624,319 )  
 )  
 )  
 SMEE et al. )  
 )  
 )  
 )  
 Examiner: Shuwang Liu )  
 )  
 )  
 Filed: 7/24/2000 )  
 )  
 ) Group No. 2634

For: **METHOD AND APPARATUS  
 FOR PROCESSING A  
 MODULATOR SIGNAL USING  
 AN EQUALIZER AND A RAKE  
 RECEIVER**

**RECEIVED**

OCT 29 2004

Technology Center 2600

**RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 8/6/2004, please amend the above-identified application as indicated below.

---

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao  
 (type or print name)

Date: 10/21/04

Signature: 

**FACSIMILE**

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
 (type or print name)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

2634  
j-11

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 000343  
In Re Application of: SMEE et al.  
Serial Number: 09/624,319  
Filed: 7/24/2000  
Examiner: Shuwang Liu  
Group Art Unit: 2634

RECEIVED  
OCT 29 2004  
Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid		
Total*	50	52	0	x \$18 =	\$0		
Independent**	6	6	0	x \$88 =	\$0		
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$300	\$0		
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0		
			<input type="checkbox"/> Two Months	\$430	\$0		
			<input type="checkbox"/> Three Months	\$980	\$0		
TERMINAL DISCLAIMER				\$110	\$0		
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0		

4.  Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.  
 5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
 The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  
 6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 10/21/04

Signature:

*Arti A. Kane, Limited Recognition*  
 Arti A. Kane, Limited Recognition  
 858-845-2650

QUALCOMM Incorporated  
 Attn: Patent Department  
 5775 Morehouse Drive  
 San Diego, California 92121-1714  
 Telephone: (858) 651-4125  
 Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

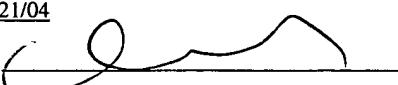
I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao  
 (type or print name)

Date: 10/21/04

Signature: 

## FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
 (type or print name)

Signature: \_\_\_\_\_